Attorney Docket No. 0315-0165PUS1

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

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nsert Title:	A MACHINE FOR OPENING CIGARETTE PACKS AND INSPECTING CIGARETTES								
	the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:								
fill in Appropriate nformation –	The specification was filed on 10/24/2005 as United States Application Number ;								
	and amended on (if applicable) and/or								
or Use Without pecification Attached:	the specification was filed on $\underline{}$ 12/18/2003 as PCT International Application Number $\underline{}$ PCT/BR2003/000198 ;								
	and was amended on								
nsert Priority nformation if appropriate)	Federal Regulations, §1.56. I do not know and do nour invention thereof, or pathereof or more than one yea of America more than one yean inventor's certificate issue on an application filed by material prior to this application, and country foreign to the Unite except as follows.	not believe the stented or descri r prior to this age ear prior to this defore the due e or my legal re that no applicat d States of Ame priority benefits ificate listed be a filing date befo n(s)	ame was ever known of bed in any printed purplication, that the sam application, that the interest of this application in presentative or assigntion for patent or inventance prior to this applitude and have also ide low and have also ide	or used in the United States Code, §119(a)-citified below any foreign to the case of the c	tes of America b before my or ou r on sale in the U ented or made th he United States that (six months vention has been I representatives of any foreign ap m application formed: Priority X iled) Yes	perfore my or ur invention United States ne subject of of America for designs) filed in any s or assigns, pplication(s)			
nsert Provisional	(Number)	(Country)		(Month/Day/Year F	iled) Yes	No			
	(Number)	(Country)		(Month/Day/Year F	iled) Yes	No			
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.								
Application(s): if any)	(Application Number)		(Filing Date)						
	(Application Number) (Filing Date)								
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:								
nsert Requested nformation if appropriate)	Country		Application Num	ber Date of F	iling (Month/D	Pay/Year)			
nsert Prior U.S.	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
Application(s): if any)	(Application Number)		(Filing Date)	(Status – patent	(Status – patented, pending, abandoned)				
	(Application Number)		(Filing Date)	(Status – patent	(Status – patented, pending, abandoned)				

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I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 02292; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FOLLOWING:	application or any patent issued thereon.							
Full Name of First or Sole Inventor: Insert Name of Inventor → Insert Date This	GIVEN NAME/FAMILY NAME Ricardo VILLARINHO	INVENTOR'S SIGNATURE	~/	DATE* 01/11/2005				
Document is Signed Insert Residence Insert Citizenship>	Residence (City, State & Country) Rio de Janeiro, Brazil		CITIZENS	HIP Brazil				
Insert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country) Rua Cel. Paulo Malta Resende, 175/905; Barra da Tijuca; 22631-037 Rio de Janeiro, ; BRAZIL							
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)			CITIZENSHIP				
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)	CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)			CITIZENSHIP				
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)			CITIZENSHIP				
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)	CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)							

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^{*}DATE OF SIGNATURE